

SERFF Tracking Number: LCNC-128303786 State: Arkansas  
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number:  
 Company Tracking Number: B10504  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Graded ESVE - InReach  
 Project Name/Number: Graded ESVE - InReach/B10504

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Graded ESVE - InReach SERFF Tr Num: LCNC-128303786 State: Arkansas  
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num:  
 Adjustable Life Closed  
 Sub-TOI: L09I.001 Single Life Co Tr Num: B10504 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Sue Pape, Anabela Disposition Date: 05/09/2012  
 Tavares  
 Date Submitted: 05/03/2012 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Graded ESVE - InReach Status of Filing in Domicile: Pending  
 Project Number: B10504 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 05/09/2012  
 State Status Changed: 05/09/2012  
 Deemer Date: Created By: Anabela Tavares  
 Submitted By: Sue Pape Corresponding Filing Tracking Number:  
 Filing Description:  
 The Lincoln National Life Insurance Company  
 NAIC# 020-65676 FEIN # 35-0472300

Re: NEW SUBMISSION

B10504 Enhanced Surrender Value Endorsement

We submit the above noted form for your review and approval. Enhanced Surrender Value Endorsement form B10504

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is new and does not replace any other forms previously approved by your Department. This form does not contain any unusual or controversial items from normal company or industry standards and are intended to comply with all laws, rules, bulletins, and published guidelines of your jurisdiction applicable to this form. The enclosed form is submitted in final printed format as issued from a laser printer, but the actual issued form may reflect minor modifications in paper stock, ink, font style and format as a result of adapting to computer printing on different publishing systems.

This form will be distributed in the general individual life market and will be available for issue ages 30 - 85 inclusive.

We provide the following description for the enclosed form:

#### B10504 - Enhanced Surrender Value Endorsement

Enhanced Surrender Value Endorsement form B10504 is submitted for use with new issues of previously approved Flexible Premium Adjustable Life Insurance Policy form LN850 (8/05) when issued with Policy Schedule form LN850-1, and any flexible premium adjustable life insurance policy forms which may be approved for use in your jurisdiction. This endorsement provides for an enhanced surrender value if the policy is surrendered. In addition, the endorsement modifies the calculation of the Minimum Required Death Benefit. There is no charge for this endorsement.

This endorsement will be automatically attached to new issues of form LN850 (8/05) when issued with Policy Schedule form LN850-1, subject to approval by our distribution partners. The Company reserves the right to discontinue issuance of this endorsement for new issues going forward if regulatory changes, valuation requirements, or tax implications of this type of benefit change to the point where offering this benefit is no longer feasible. This endorsement cannot be removed from a policy by the Company once the policy has been issued.

We have bracketed certain items in the form as variable information because they may change for new issues in the future (but not in-force policies). These items include the Company officer's name and signature, and the table of policy durations and corresponding percentages. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. The use of variability in the enclosed form will be administered in a uniform and non-discriminatory manner. We confirm that the brackets will not actually appear on the form at issue.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

State Narrative:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: LCNC-128303786 State: Arkansas

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Adjustable Life

Product Name: Graded ESVE - InReach

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Sue Pape, Director, Product Compliance Sue.Pape@lfg.com

350 Church Street 860-466-1492 [Phone]

MPM-10 860-466-1348 [FAX]

Hartford, CT 06103-1106

### Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana

350 Church Street - MPM1 Group Code: 20 Company Type: Life

Hartford, CT 06103-1106 Group Name: State ID Number:

(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

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### Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	05/03/2012	58916977

SERFF Tracking Number:	LCNC-128303786	State:	Arkansas
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## Correspondence Summary

## Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/09/2012	05/09/2012

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## Disposition

Disposition Date: 05/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Project Name/Number: Graded ESVE - InReach/B10504

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Certification of Compliance		Yes
Form	Enhanced Surrender Value Endorsement		Yes

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## Form Schedule

### Lead Form Number: B10504

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	B10504	Policy/Cont Enhanced Surrender Initial ract/Fratern Value Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			50.000	NW B10504.pdf

# The Lincoln National Life Insurance Company

## Enhanced Surrender Value Endorsement

This endorsement is part of the policy to which it is attached and becomes effective as of the Date of Issue. Except as stated in this endorsement, all of the provisions, limitations and exclusions of the policy remain in effect.

### Enhanced Surrender Value

In lieu of the Surrender Value described in the policy, upon full surrender of the policy we will pay an amount equal to the greater of:

- a. the Surrender Value; or
- b. the initial premium shown on the Policy Schedule multiplied by the applicable ESV Percentage shown in the table below, less any Indebtedness, less the amount of any withdrawals net of any applicable surrender charges, less any benefits paid under any accelerated benefit rider which may be attached.

Number of Policy Months since Date of Issue	ESV Percentage
[0 - 6	[100%
7 - 12	94%
13 - 24	96%
25 - 36	98%
37] +	100]%

### Additional Premium

Any premium payments made in addition to the initial premium shown on the Policy Schedule will not be included in the Enhanced Surrender Value amount.

### Effect of Endorsement on Minimum Required Death Benefit

While the policy and this endorsement are In Force, the Minimum Required Death Benefit will equal (1) multiplied by (2), where:

- (1) equals the greater of:
  - a. the Gross Cash Value; or
  - b. an amount equal to the initial premium shown on the Policy Schedule multiplied by the applicable ESV Percentage shown in the table above, less any Indebtedness, less the amount of any withdrawals net of any applicable surrender charge, less any benefits paid under any accelerated benefit rider which may be attached; and
- (2) equals the applicable percentage shown on the Policy Schedule in the Minimum Required Death Benefit Percentages Table.

### Termination

This endorsement will terminate upon the termination of the policy. If the policy Lapses and is reinstated, this endorsement will likewise be reinstated.

The Lincoln National Life Insurance Company

[



President

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR Readability_UL_Term.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable - endorsement filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Actuarial Memorandum		
<b>Comments:</b>		
<b>Attachment:</b>		
NW Act Memo - B10504.pdf		

Item Status:                      Status  
Date:

**Arkansas**

**READABILITY CERTIFICATION**

*The Lincoln National Life Insurance Company*

**Re:** B10504 – Enhanced Surrender Value Endorsement

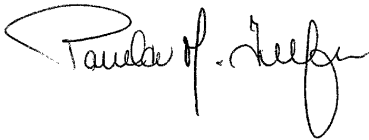
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

**Form Number:**

***B10504***

**Flesch:**

***50***



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Pamela Telfer, Vice President  
Product Compliance & State Filing

Date: 4-27-2012

# ARKANSAS

## CERTIFICATE OF COMPLIANCE

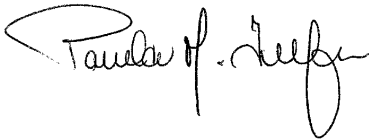
*The Lincoln National Life Insurance Company*

**Re: B10504 – Enhanced Surrender Value Endorsement**

To the best of my knowledge and belief, the policy form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance department.

To the best of my knowledge and belief we are in compliance with the requirements of Arkansas Code Ann. 23-79-138. We provide a document entitled "Customer Service Notice" which contains the required information.

To the best of my knowledge and belief we are in compliance with the requirements of Regulation 49 and we provide the required Guaranty Association notice.



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Pamela Telfer, Vice President  
Product Compliance & State Filing

Date: 5-3-2012